

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		1					53						
4		1					54						
5		1					55						
6	1						56						
7		1					57						
8		1					58						
9		1					59						
10		1					60						
11		1					61						
12		1					62						
13	1						63						
14		1					64						
15		1					65						
16	1						66						
17		1					67						
18	1						68						
19		1					69						
20		1					70						
21		1					71						
22		1					72						
23	1						73						
24		1					74						
25	1						75						
26		1					76						
27		1					77						
28	1						78						
29		1					79						
30		1					80						
31		1					81						
32		1					82						
33	1						83						
34	1	1					84						
35		1					85						
36		1					86						
37		1					87						
38	1	1					88						
39		1					89						
40		1					90						
41		1					91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	11						TOTAL IND.						
TOTAL DEP.	30						TOTAL DEP.						
TOTAL CLAIMS	41						TOTAL CLAIMS						

BEST AVAILABLE COPY